

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **03-19410** FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	9					
TOTAL DEP.	31					
TOTAL CLAIMS	40					

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			9			
TOTAL DEP.			40			
TOTAL CLAIMS			49			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS